

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>991143</u>		FILING DATE			
						APPLICANT(S)					
<u>7/15/81</u>						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.	DEP.
1							51				
2	1						52				
3							53				
4		0					54				
5		0					55				
6		0					56				
7		0					57				
8		0					58				
9		0					59				
10		0					60				
11		0					61				
12		0					62				
13		0					63				
14		0					64				
15		0					65				
16		0					66				
17	1		1				67				
18		1		1			68				
19	1						69				
20	1						70				
21	1						71				
22	1						72				
23	1						73				
24	1						74				
25		0					75				
26		0					76				
27		0					77				
28		0					78				
29	1						79				
30		0					80				
31		0		2			81				
32	1						82				
33							83				
34							84				
35							85				
36				1			86				
37							87				
38							88				
39				2			89				
40							90				
41				1			91				
42				1			92				
43							93				
44				1			94				
45				1			95				
46				1			96				
47				1			97				
48				1			98				
49				1			99				
50				3			100				
TOTAL IND.	11		4				TOTAL IND.				
TOTAL DEP.	22		25				TOTAL DEP.				
TOTAL CLAIMS	33		29				TOTAL CLAIMS				

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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